

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:111200002		CITY OR TOWN SHERBORN		
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	THE 1760 SOC	IETY, INC.			
DOING BUSINESS	A THE SHERBO	ORN INN			
ADDRESS 33 NORT	TH MAIN ST.				
CITY/TOWN: SHE	RBORN	STATE: MA	ZIP CODE	: 01770	
MANAGER: COCC	CO, PHILIP 7	TYPE OF LICENSE: Res	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
I	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EN	MAIL ADDRESS		_
DESCRIPTION OF I	LICENSED PREI	MISES:			
ONE BLDG. OF 15,6 SQ. FT. ADJACENT		TWO FLOORS AND A DINING ROOM.	N OUTDOOR P	ATIO OF APPR	OX. 2400
I hereby certify and sv	wear under penal	ties of perjury that:			
1. the renewe	ed license will be	of the same type for the	same premises r	now licensed;	
2. the license	e has complied w	vith all laws of the Comr	nonwealth relatii	ng to taxes; and	
3. the premis	es are now open	for business (If not expla	ain below)		
SIGNED BY:					
	Individual, Part	ner or Authorized Corpo	orate Officer		
DATE:	TELEPH	ONE NUMBER:	EMPLO	YER IDENTIFICAT	TION NUMBER:
			(Note: NOT	Individual Social S	ecurity Number)
We the undersioned	Lattest that we	are in possession (1) the	e certificate rea	uired by Chant	er 304 of the
Acts of 2004, signed	by the building	inspector and the head	l of the fire dep	artment for the	above named
license and (2) the c	ertificate of liqu	or liability insurance r	equired by Cha	pter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LICE	ENSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	in)				
DATE.					
DATE:					

 $APPLICATION FOR RENEWAL\ MUST\ BE\ FILED\ BY\ LICENSEES\ DURING\ THE\ MONTH\ OF\ NOVEMBER\ (M.G.L.\ Ch.\ 138\ \$\ 16A)$



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 111200003		CITY OR TOWN SHERBORN		
APPLICATION FOR RENEWAL: Annual I			LICENSED FOR 2	LICENSED FOR 2013	
		CLASS		YEAR	
DOING BUSI	AME: WATKINS ONESS A SHERBOR	N WINE & SPIRITS			
CITY/TOWN:	SHERBORN	STATE: MA	ZIP CODE: 01770		
MANAGER:	WATKINS, ROBERT D	TYPE OF LICENSE:P2	ackage Store CATEGORY:	: All Alcohol	
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
	N OF LICENSED PI GLE STORY BUILD				
	premises are now op	ed with all laws of the Comen for business (If not experiment or Authorized Corp			
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social		
Please Check Bel- APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUTH By:	IORITY	
DATE:					

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBEK: 111200006		CITY OR TOWN SHERDORN		
APPLICATION FOR RENEWAL:		Annual	LICENSED F	FOR 2013	
		CLASS		YEAR	
DOING BUSI	AME: THE 1760 SO NESS A THE SHER A NORTH MAIN ST	BORN INN			
CITY/TOWN:	SHERBORN	STATE: MA	ZIP CODE: 017	70	
MANAGER:	FATHMAN, ROBERT	TYPE OF LICENSE:P	ackage Store CATEG	ORY: All Alcohol	
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTIO	N OF LICENSED PF	REMISES:			
800 S.F. SING	LE STORY BUILDI	NG			
3. the SIGNED BY:		en for business (If not exp			
DATE:	TELEI	PHONE NUMBER:		TIFICATION NUMBER: Social Security Number)	
Please Check Below: APPROVED:			LOCAL LICENSING AUTHORITY By:		
OISAPPROVE (If disapproved					
DATE:					

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 111200008		CITY OR TOWN SHERBOR	an	
APPLICATION FOR	R RENEWAL:	Annual	LICENSED FOR 2	013	
		CLASS		YEAR	
LICENSEE NAME:	SHERBORN FU	JEL LLC			
DOING BUSINESS	A SHERBORN N	MARKET			
ADDRESS 21 SOUT	TH MAIN STREE	Т			
CITY/TOWN: SHE	RBORN	STATE: MA	ZIP CODE: 01770		
	THERALL, T RA M.	YPE OF LICENSE:Pa	ackage Store CATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:					
į.	PLEASE ALSO VISIT OUF	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS	_	
DESCRIPTION OF	LICENSED PREM	MISES:			
EACH WITH TWO 200 ADDITIOANL S	PUMPS, INSIDE SQ. FT. OF STOR (WEST SIDE). T	THE RETAIL AREA AGE. THE ENTRAN HERE ARE TWO EX	E. OUTSIDE ARE FOUR PUMP I IS APROX. 1200 SQ. FT. WITH CE IS IN THE CENTER OF THI KITS. ONE TO THE BACK STOR	APPROX E FRONT	
I hereby certify and s	wear under penalt	ies of perjury that:			
•	•		e same premises now licensed;		
2. the license	ee has complied w	ith all laws of the Com	nmonwealth relating to taxes; and		
3. the premis	ses are now open f	For business (If not exp	lain below)		
SIGNED BY:	Individual, Partr	ner or Authorized Corp	porate Officer		
	11101 (10001, 1 010	-01 01 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, o		
DATE:	TELEDU	NIE NII IMDED.	EMPLOYER IDENTIFICA	ΓΙΟΝ NUMBER:	
	TELEPHONE NUMBER:		(Note: NOT Individual Social Security Number)		
Please Check Below:			A C C A A A CODY CONTROL AND A C C A C A C A C A C A C A C A C A C	OD VIII V	
APPROVED:			LOCAL LICENSING AUTH By:	ORITY	
DISAPPROVED:			by.		
(If disapproved expla	in)				
D. 1.000					
DATE:					